



# CIVIL AIR TRANSPORT

PERSONNEL DEPARTMENT

15 JUN 1956

## LEAVE REQUEST FORM

JUN - 7 A.M. 043

Typed

Date: 6 June 1956

Name E. M. WALSH Ref. No. Supervisor Department Propeller Shop

Type of Leave Requested	From:				To:				Total No. of		
	Hour	Day	Month	Year	Hour	Day	Month	Year	Month	Day	Hour
Annual	0730	1	July	1956	1700	14	July	1956		13	
Sick											
Home	0730	15	July	1956	1700	15	Oct.	1956		93	
Without Pay											
Travel Time (OTHER) <del>Spencer</del>	0730	16	Oct.	1956	1700	22	Oct.	1956		7	

Address where employee can be reached while on leave: .....

Employee's Signature E. Walsh  
Approved by ORIGINAL SIGNED BY M. A. GARROLD Title Chief, Shops Dept. Date 6 June 1956  
Approved by ORIGINAL SIGNED BY W. J. WEST Title DAM, AND Date 6 June 1956  
Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Approved by \_\_\_\_\_ Title ORIGINAL SIGNED BY Date \_\_\_\_\_  
Approved by R. F. Bouchard Title Director of Personnel

- Note: 1. All leave requests except sick leave requests must be in the Personnel Division, Taipei, or one of the Personnel Division Representative Offices, at least one day prior to the date the leave begins.  
2. Request for sick leave should be submitted no later than 24 hours after return to duty. If sick leave over three (3) consecutive days, please have doctor fill out and sign the certificate below.

### SICK OR INJURY CERTIFICATE

Date: \_\_\_\_\_

I, \_\_\_\_\_ M.D. a physician in active practice, located at No. \_\_\_\_\_  
(Signature of attending Phys.)  
Road \_\_\_\_\_ City, do hereby certify that \_\_\_\_\_  
( \_\_\_\_\_ ) was (or will be) under my professional care from \_\_\_\_\_  
\_\_\_\_\_, 195\_ to \_\_\_\_\_ 195\_, inclusive, and during such time was  
(or will be) incapacitated for official work.

Nature of disability: \_\_\_\_\_

APPROVED FOR RELEASE  
DATE: 24-Aug-2010

Remarks: 4 July 1956 is company recognized holiday.

PERSONNEL DEPARTMENT

DATE : \_\_\_\_\_

TO : \_\_\_\_\_ (Via) : \_\_\_\_\_  
(Employee's Name) (Department Head)

SUBJECT : \_\_\_\_\_ Leave \_\_\_\_\_

This is to inform you that your request for \_\_\_\_\_ days  
\_\_\_\_\_ leave from \_\_\_\_\_ to \_\_\_\_\_

has been approved.

For proper record keeping, it is requested that you complete the following upon the  
expiration of your leave, and return this form to the Personnel Department.

\_\_\_\_\_  
Director of Personnel

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DATE : \_\_\_\_\_

This is to inform you that I have returned to work as of

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employee

Certified by: \_\_\_\_\_  
Department Head/Time Keeper